

# **“Second Club” Membership**

## **RULES & ENTITLEMENT**

You must be a full member of your home club

Proof of this membership will be required at each payment of subscription

You will not be entitled to enter Club competitions, but you will be entitled to enter Open Competitions at the club

You will be eligible to play with 3 guests once a month at the current member/guest rate

You will have 7 day playing rights upon the course

You will have full access to members reduced bar prices along with use of the catering facilities also access to all member social events

Should you decide you wish to become a full member of “Maesdu” at any time the full membership fee difference will become due immediately

# LLANDUDNO GOLF CLUB (MAESDU) LTD

HOSPITAL ROAD, LLANDUDNO, CONWY, LL30 1HU.

TEL - 01492/876450

[secretary@maesdugolfclub.co.uk](mailto:secretary@maesdugolfclub.co.uk)

[www.maesdugolfclub.co.uk](http://www.maesdugolfclub.co.uk)

## APPLICATION FOR:- 2<sup>nd</sup> CLUB GOLF MEMBERSHIP

DATE.....

**PLEASE COMPLETE THE FORM IN BLOCK LETTERS**

I MR/MRS/MISS .....

ADDRESS .....

.....

..... POSTCODE .....

PHONE NO ..... MOBILE.....

DATE OF BIRTH ..... E MAIL .....

OCCUPATION ..... CATEGORY.....

I HEREBY APPLY TO BECOME A SECOND CLUB MEMBER OF THE LLANDUDNO GOLF CLUB (MAESDU) LIMITED AND I AGREE IF ELECTED, TO BE BOUND BY THE MEMORANDUM AND ARTICLES OF ASSOCIATION OF THE COMPANY AND THE BYE-LAWS OF THE CLUB.

I AM AT PRESENT A MEMBER OF .....

AND .....

(GIVE NAMES OF GOLF CLUBS)

LAST PLAYING HANDICAP ..... WITH ..... S.S.S. ....

(GIVE NAME OF CLUB)

I HAVE PREVIOUSLY BEEN A MEMBER OF .....

AND .....

(GIVE NAME OF GOLF CLUBS)

**DOCUMENTARY PROOF OF PRESENT CLUB MEMBERSHIP MUST ACCOMPANY APPLICATION**

HAVE YOU EVER BEEN REFUSED MEMBERSHIP OF GOLF CLUB? .....

I ENCLOSE CASH/CHEQUE £ .....

IN PAYMENT OF MY ENTRANCE FEE .....£

SUBSCRIPTION .....£

G.U.W. FEE.....£

TOTAL .....£

SIGNATURE OF APPLICANT .....

PROPOSED AND SECONDED BY COUNCIL MEMBERS

Name..... Signature..... Date.....

Name..... Signature..... Date.....

**NOTE:** No application for Membership can be considered unless the amount of the Entrance Fee and Final Subscription plus V.A.T. (where applicable), is handed to the Secretary with this form. In the case of non-election the amount will be refunded. If the Applicant has been recently or is currently a Member of a Golf Club a **Letter of Recommendation** from the Club Secretary will be required together with a copy of the Applicant's **Handicap Record Sheet**. Please ensure both of these items are enclosed with this application.

FOR USE OF SECRETARY

DATE ELECTED: